

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8446

2. Fiscal Year Covered From:

01 / 01 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name

James O. Barrett

P.O. Box, Bldg., Room No., if any

7255 P.O. Box 478

Street

7255

City

Inyokern

State Ca.

ZIP Code + 4 93527

4. Name, file number, and address of labor organization.

Name IAFF Local E-25

Labor Organization File Number

514-056

P.O. Box, Building and Room Number, if any

Street 44815 N. Birch Ave.

City Lancaster

State Ca.

ZIP Code + 4 93534 - 3208

5. Position in labor organization.

Pension Fund Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Pyramid Services Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2501 E. Ave P

City

Palmdale

State Ca

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*James O. Barrett*

On

7/25/05  
Date

(661) 300-1488

Telephone Number

Name of Person Filing <u>James O. Barrett</u>	File Number U-
---	----------------

  

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Louisville Retirement Services</u> Trade Name, if any: <u>ADP</u> P.O. Box, Bldg., Room No., if any  Street <u>462 S. Fourth Ave. 1000 Meidinger Tower</u> City <u>Louisville,</u> State <u>Ky</u> ZIP Code + 4 <u>40202-3431</u>	9. Business deals with:  a. Labor Organization <input checked="" type="radio"/> b. Trust c. Employer
10. If 9 b. or 9 c. is checked give trust or employer's name.  Name  Trade Name if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.    11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.    12.b. Amount.

  

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.    14.b. Amount of payment.
13 b. Is the Business an Employer or Consultant ?	